	PATENT APPLICATION FEE DETERMINATION RECORD	
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**Application or Docket Number** 

	Effective October 1, 2000 29289 • 0/127											
								SMALL EN		OR	OTHER THAN	
TOTAL CLAIMS			16					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	/6 minus 20=		. 0			X\$ 9=		OR	X\$18=	, , ,
IND	EPENDENT CL	AIMS	6 min	us 3 =	·3			X40=		OR	X80=	2400
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR		450.0	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	. 18	Minus	** &	<i>30</i>	=		X\$ 9=		OR	X\$18=	
AME	Independent	. 7	Minus	••• (	2	= /		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPI	ENDEN	CLAIM		j	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	dutod	(Column 1)		(Colu	mn 2)	(Column 3)	<u>\</u>	ADDIT. PEE		•	ADDIT. I CE	
AMENOMENTE		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	·· 🖔	20	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	ENDEN	CL AIM	= /	4	X40=		OR	X80=	
<u> </u>	T I I I I I I I I I I I I I I I I I I I					/	J	+135=		OR	+270=	lli
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM					OR	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the entry in column 1 is less than the entry in column 2, while 0 in column 3.  TOTAL OR TOTAL ADDIT. FEE  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE												
		nber Previously Pa						und in the ap	propriate bo	x in co	lumn 1.	